The Instruct	TION GUIDE explains how to complete this form.		1 Total pages re 350/430	port:
2 FILER NAM Mr. William			3 ACCOUNT C00000000	# (Ethics Commission filers)
4 Date 04/18/2003	6 Payee address; City; State; Zip Code P.O. Box 1140 Memphis TN 38101-1140			Amount (\$) 15.15
8 Purpose of ex information re-	·	9 Complete if direct expe Candidate / Officeholder na	nditure to benefit ame Offic	C/OH •• ce sought Office held
Date 03/14/2003	Payee name Sharon Haley Payee address; City; State; Zip Code 3011 A. Peach Hollow Pearland TX 77584			Amount (\$) 1500.00
Purpose of exp information red Net Payroll	penditure (See instructions regarding type of quired.)	Complete if direct exper Candidate / Officeholder nar		C/OH •• e sought Office held
Date 05/05/2003	Payee name Amy's Cafe Payee address; City; State; Zip Code 720 N. Post Oak Road Suite 124 Houston TX 77024			Amount (\$) 61.11
Purpose of exp information req Volunteer Me	·	Complete if direct expend Candidate / Officeholder name		S/OH •• sought Office held
Date 04/11/2003	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004			Amount (\$) 40.37
information requ	enditure (See instructions regarding type of uired.) nt for lunch expenses	Complete if direct expend Candidate / Officeholder name		

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report 351/430	rt:
2 FILER NAME Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)
4 Date	5 Payee name		7	Amount
06/30/2003	Rives Carlberg L.P.			(\$) 519.61
	6 Payee address; City; State; Zip Code			
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056			
Purpose of exp information red Stickers	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder na		
Date	Payee name	<u> </u>		Amount
06/30/2003	Michael Moore			(\$) 3066.25
	Payee address; City; State; Zip Code			
	2110 Baldwin			
	Houston TX 77033			
Purpose of exp information req Net payroll	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder na		
Date	Payee name			Amount
	Four Seasons Hotel			(\$)
04/25/2003				2500.00
	Payee address; City; State; Zip Code 1300 Lamar Street			
	Houston TX 77010-3098	Complete if direct owns		011.1.
information req	•	Complete if direct expe Candidate / Officeholder na		
June 11th Ev	ent-food			
Date	Payee name			Amount
04/14/2003	Central Parking Systems of Texas			(\$) 325.50
	Payee address; City, State; Zip Code			
	1415 Louisiana Box 44			
	Houston TX 77002			
Purpose of exp information req Parking	nenditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/C	

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages reports 352/430	:
2 FILER NAME Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)
4 Date 06/30/2003	5 Payee name Christina Cabral 6 Payee address; City; State; Zip Code 2250 Bering Drive #34 Houston TX 77057		7	Amount (\$) 1701.59
8 Purpose of exp information req Net payroll	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n	penditure to benefit C/C name Office so	
Date	Payee name Pollock Summit			Amount (\$)
05/05/2003	Payee address; City; State; Zip Code 4545 S. Pinemont Houston TX 77041			95.71
Purpose of exp information req Computer wir		Complete if direct expe Candidate / Officeholder n		
Date 05/23/2003	Payee name Hazel Mitchell Payee address; City; State; Zip Code 15001 Crosswinds Drive Apt. 601 Houston TX 77032			Amount (\$) 120.96
Purpose of exp information requ Mileage reimb		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/O name Office sou	
Date	Payee name	,		Amount
05/15/2003	Payee address; City; State; Zip Code 1802 Shepherd Drive			(\$) 3228.10
Purpose of expiniformation required	· · · · · · · · · · · · · · · · · · ·	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/Ol ame Office sou	

			Τ.	
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages repo 353/430	ort:
2 FILER NAM Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)
4 Date	5 Payee name		7	Amount
05/30/2003	• • • • • • • • • • • • • • • • • • • •			(\$) 433.28
	6 Payee address; City; State; Zip Code 952 Echo Lane Suite 350 Houston TX 77024	·	:	
8 Purpose of ex information re- envelopes	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		S/OH ** sought Office held
Date	Payee name			Amount
05/23/2003	Info Vine,Inc.			(\$) 5781.74
	P.O. Box 2706			
	Houston TX 77252-2706			
Purpose of ex information red Direct Mail	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		/OH •• sought Office held
Date	Payee name			Amount
03/18/2003	Info Vine,Inc.			(\$) 377.65
	Payee address; City; State; Zip Code			
	P.O. Box 2706			
	Houston TX 77252-2706		·	
Purpose of exp information red Outside Copy	•	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/ ame Office s	
	Payee name			Amount
Date				(\$)
Date 03/14/2003	Michael Moore			2/5 <u>/</u> 19
				2454.19
				2454.19
	Payee address; City; State; Zip Code			2454.19

	TION GUIDE explains how to complete this form.	1 Total pages report: 354/430	
2 FILER NAMI Mr. William		3 ACCOUNT # (Ethics Commission files C000000000	rs)
Date	5 Payee name	7 Amount	
04/04/2003	Darcy Mackey	(\$) 2250.0	വ
			<i>,</i>
·	3303 S. Rice Suite 210-B Houston TX 77056		
B Purpose of expinformation red Contract Lab	L spenditure (See instructions regarding type of squired.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office he	eld
Date	Payee name	Amount	_
03/28/2003	Michael Moore	(\$) 2000.0	
			<i>)</i> U
	2110 Baldwin		
	Houston TX 77033		
Purpose of exp information red Reimb for co	l penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office hel	eld
Nonne (_	Imputers	·	
Date	Payee name	Amount	
05/05/2003	Butrum & Associates	(\$)	18
!	Payee address; City; State; Zip Code		G
	952 Echo Lane Suite 350 Houston TX 77024		
information req	l penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	∌ld
Reimb Long I	Distance		
Date	Payee name	Amount	
05/15/2003	Sharon Haley	(\$) 1600.00	יח
		********	U
	3011 A. Peach Hollow	<u> </u>	
	Pearland TX 77584	1	
,	penditure (See instructions regarding type of	Complete if direct expenditure to benefit C/OH **	ıld

Texas Ethics Cor	mmission P.O.Box 12070 Austin, Texas	78711-2070	(512)463-5	5800 1- 800-325-850
POLIT	ICAL EXPENDITURES			SCHEDULE F
The Instruct	TION GUIDE explains how to complete this form.		1 Total pages rep 355/430	port:
2 FILER NAM Mr. William			3 ACCOUNT C00000000	# (Ethics Commission filers)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	7	
06/14/2003	Hallmark Office Products 6 Payee address; City; State; Zip Code 5650 Guhn Road #124 Houston TX 77040	••••••		(\$) 10.68
8 Purpose of ex information re Office Suppl		9 Complete if direct expe Candidate / Officeholder n		C/OH •• De sought Office held
Date	Payee name			Amount
03/31/2003		• • • • • • • • • • • • • • • • • • • •		(\$) 177.45
	Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056			
Purpose of ex information red Media	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		C/OH •• Office held
Date	Payee name	<u>'</u>		Amount
02/10/2003	U. S. Postmaster			(\$) 32.50
	Payee address; City; State; Zip Code			
	Barbara Jordan Main Post Office			
	Houston TX 77201-9998			
Purpose of exp information red Postage	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		C/OH * * o sought Office held
Date	Payee name			Amount
03/04/2003	Info Vine,Inc.			(\$) 16800.00
	Payee address; City; State; Zip Code P.O. Box 2706			
	Houston TX 77252-2706			
Purpose of exp information red Direct Mail	penditure (See instructions regarding type of quired.)	Complete if direct exper Candidate / Officeholder na		/OH •• sought Office held

P	OL	ITIC	AL	EXP	END	ITU	IRES

		·		
The Instructi	ON GUIDE explains how to complete this form.		Total pages report: 356/430	
2 FILER NAMI Mr. William			3 ACCOUNT # (Ethics C00000000	Commission filers)
4 Date	5 Payee name		7	Amount
06/21/2003	Butrum & Associates			(\$) 123.00
	6 Payee address; City; State; Zip Code			120.00
	952 Echo Lane Suite 350 Houston TX 77024			
Purpose of expinionmation reconstruction Printing costs		9 Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sought	Office held
Date	Payee name			Amount
05/22/2003	Michael Moore			(\$) 1068.44
	Payee address; City; State; Zip Code			
	2110 Baldwin		Ì	
	Houston TX 77033			
Purpose of exp information req Reimb compu	· · · · · · · · · · · · · · · · · · ·	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH • me Office sought	Office held
Date	Payee name			Amount
05/15/2003	Darcy Mackey			(\$) 2250.00
				2250.00
	3303 S. Rice Suite 210-B Houston TX 77056			
Purpose of exp information req Contract Labo	·	Complete if direct exper Candidate / Officeholder nar	nditure to benefit C/OH ** me Office sought	Office held
Date	Payee name			Amount
06/13/2003	Richard Lapin			(\$) 1603.46
ŀ		•••••		1000.40
	2000 Bagby #5401			
	Houston TX 77002			
Purpose of expring information required Net payroll	enditure (See instructions regarding type of	Complete if direct expen Candidate / Officeholder nan	diture to benefit C/OH ** ne Office sought	Office held
· · · · · · · · · · · · · · · · · · ·				

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 357/430	
2 FILER NAME Mr. William			3 ACCOUNT # (E1	hics Commission filers)
4 Date	5 Payee name		7	Amount (\$)
04/25/2003	Phyllis Hand Photography			286.86
	6 Payee address; City; State; Zip Code			
	615 Asbury			
	Houston TX 77007	· · · · · · · · · · · · · · · · · · ·		
8 Purpose of expinformation recomplete photography		9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OF name Office soug	
Date	Payee name			Amount
02/27/2003	Michael Moore			(\$) 2454.19
<i>Vale</i> 1, 2000				2404. I s
:	2110 Baldwin			
	Houston TX 77033			
	penditure (See instructions regarding type of		enditure to benefit C/OH	
information red Net Payroll	quired.)	Candidate / Officeholder na	ame Office soug	ht Office held
•				
Date	Payee name			Amount
03/11/2003	Federal Express			(\$) 28.08
	Payee address; City; State; Zip Code			
	P.O. Box 1140			
	Memphis TN 38101-1140			
Purpose of exp information req Delivery Serv		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sough	
Date	Payee name			Amount
02/13/2003	Michael Moore			(\$)
02/13/2003				2454.20
	Payee address; City; State; Zip Code 2110 Baldwin			
	Houston TX 77033			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	nditure to benefit C/OH	••
information req	uired.)	Candidate / Officeholder na		
Not payron				

			T	
The Instruct	TION GUIDE explains how to complete this form.		1 Total pages repo 358/430	rt:
2 FILER NAM Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)
Date	5 Payee name		7	Amount
05/15/2003	A. Phillip Randolph Institute			(\$) 85.00
	6 Payee address; City; State; Zip Coo			
	P.O. Box 1766			
	Sugar Land TX 77478			
Purpose of ex information re	penditure (See instructions regarding type of	9 Complete if direct exp		
Ticket to eve				
Date	Payee name			Amount
06/05/2003	Rives Carlberg L.P.			(\$) 4375.00
	Payee address; City; State; Zip Cod			
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056			
Purpose of ex information re Media	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n		
Date	Payee name			Amount
06/30/2003	Amy's Cafe			(\$)
00/00/2000	Payee address; City; State; Zip Cod			114.83
	i ayee address, City, State, Zip Cou	-	i i	
	720 N. Post Oak Road			
	720 N. Post Oak Road Suite 124 Houston TX 77024		·	
Purpose of expinformation red Food for volu	Suite 124 Houston TX 77024 penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/C ame Office so	
information red	Suite 124 Houston TX 77024 penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		
Food for volu	Suite 124 Houston TX 77024 penditure (See instructions regarding type of quired.) unteers Payee name	Complete if direct expe Candidate / Officeholder n		Amount (\$)
information red Food for volu	Suite 124 Houston TX 77024 penditure (See instructions regarding type of quired.) unteers Payee name Triet Nguyen	Candidate / Officeholder n		ought Office held Amount
Food for volu	Suite 124 Houston TX 77024 penditure (See instructions regarding type of quired.) unteers Payee name Triet Nguyen	Candidate / Officeholder n		Amount (\$)

SCHEDILLE E

The Instruct	TION GUIDE explains how to complete this form.	1 то 38	otal pages report: 59/430
2 FILER NAM Mr. Willian		i i	CCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount
04/18/2003	Amy's Cafe		(\$) 47.55
	6 Payee address; City; State; Zip C	code	
	720 N. Post Oak Road Suite 124 Houston TX 77024	· · · · · · · · · · · · · · · · · · ·	
B Purpose of ex	xpenditure (See instructions regarding type of	9 Complete if direct expenditure	
information re Lunches fo	equired.) or volunteers	Candidate / Officeholder name	Office sought Office held
	. 1014		
Date	Payee name		Amount
05/27/2003	Amy's Cafe		(\$) 62.45
OOIZIIZOOO			02.40
	720 N. Post Oak Road	ode	
	Suite 124		1
	Houston TX 77024		
Purpose of exinformation re	xpenditure (See instructions regarding type of	Complete if direct expenditure	
Purpose of exinformation re			to benefit C/OH · · Office sought Office held
information re			
information re			Office sought Office held Amount
information re Volunteers I	xpenditure (See instructions regarding type of equired.) Lunches	Candidate / Officeholder name	Office sought Office held
information re Volunteers I	xpenditure (See instructions regarding type of squired.) Lunches Payee name	Candidate / Officeholder name	Office sought Office held Amount (\$)
information re Volunteers I Date	xpenditure (See instructions regarding type of equired.) Lunches Payee name Myra Jolivet	Candidate / Officeholder name	Office sought Office held Amount (\$)
Date 05/30/2003	Rependiture (See instructions regarding type of equired.) Lunches Payee name Myra Jolivet Payee address; City; State; Zip C 1200 Smith 16th Floor Houston TX 77002	Candidate / Officeholder name ode Complete if direct expenditure	Amount (\$) 5500.00
Date 05/30/2003 Purpose of exinformation re	Rependiture (See instructions regarding type of equired.) Lunches Payee name Myra Jolivet Payee address; City; State; Zip C 1200 Smith 16th Floor Houston TX 77002	Candidate / Officeholder name	Amount (\$) 5500.00
Date 05/30/2003	Rependiture (See instructions regarding type of equired.) Lunches Payee name Myra Jolivet Payee address; City; State; Zip C 1200 Smith 16th Floor Houston TX 77002	Candidate / Officeholder name ode Complete if direct expenditure	Amount (\$) 5500.00
Date 05/30/2003 Purpose of exinformation re Consulting	paquired.) Lunches Payee name Myra Jolivet Payee address; City; State; Zip C 1200 Smith 16th Floor Houston TX 77002 Expenditure (See instructions regarding type of equired.)	Candidate / Officeholder name ode Complete if direct expenditure	Amount (\$) 5500.00
Date O5/30/2003 Purpose of exinformation re Consulting	payee name Myra Jolivet Payee address; City; State; Zip C 1200 Smith 16th Floor Houston TX 77002 cpenditure (See instructions regarding type of equired.) Payee name	Candidate / Officeholder name ode Complete if direct expenditure	Amount (\$) 5500.00 to benefit C/OH Office sought Office held Amount (\$)
Date 05/30/2003 Purpose of exinformation re Consulting	Rependiture (See instructions regarding type of equired.) Lunches Payee name Myra Jolivet Payee address; City; State; Zip C 1200 Smith 16th Floor Houston TX 77002 Rependiture (See instructions regarding type of equired.) Payee name Butrum & Associates	Candidate / Officeholder name ode Complete if direct expenditure Candidate / Officeholder name	Amount (\$) 5500.00 to benefit C/OH Office sought Office held
Date O5/30/2003 Purpose of exinformation re Consulting	Payee name Myra Jolivet Payee address; City; State; Zip C 1200 Smith 16th Floor Houston TX 77002 Apenditure (See instructions regarding type of equired.) Payee name Butrum & Associates Payee address; City; State; Zip Co	Candidate / Officeholder name ode Complete if direct expenditure Candidate / Officeholder name	Amount (\$) 5500.00 to benefit C/OH Office sought Office held Amount (\$)
Date O5/30/2003 Purpose of exinformation re Consulting	Rependiture (See instructions regarding type of equired.) Lunches Payee name Myra Jolivet Payee address; City; State; Zip C 1200 Smith 16th Floor Houston TX 77002 Rependiture (See instructions regarding type of equired.) Payee name Butrum & Associates	Candidate / Officeholder name ode Complete if direct expenditure Candidate / Officeholder name	Amount (\$) 5500.00 to benefit C/OH Office sought Office held Amount (\$)
Date O5/30/2003 Purpose of exinformation re Consulting Date 06/21/2003	Payee name Myra Jolivet Payee address; City; State; Zip Compared to the state of t	Candidate / Officeholder name ode Complete if direct expenditure Candidate / Officeholder name	Amount (\$) 5500.00 to benefit C/OH Office sought Amount (\$) 898.43

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages report: 360/430	
2 FILER NAM Mr. William			3 ACCOUNT # (Et) C00000000	nics Commission filers)
4 Date 06/30/2003	5 Payee name Pam Rosenauer 6 Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057		7	Amount (\$) 1627.29
Purpose of ex information re- Net payroll	penditure (See instructions regarding type of quired.)	9 Complete if direct expectantial Candidate / Officeholder n	enditure to benefit C/OH name Office soug	
Date 02/18/2003	Payee name Datavox Payee address; City; State; Zip Code PO Box 297468 Houston TX 77297-7468			Amount (\$) 259.80
Purpose of exp information red Phones	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sough	
Date 03/31/2003	Payee name Alliance Payroll Service Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060			Amount (\$) 35.45
Purpose of exp information red Payroll service	•	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sough	
Date 05/08/2003	Payee name Rives Carlberg L.P. Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056			Amount (\$) 102108.00
Purpose of exp information req Media	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH ime Office sough	

The bestretches during explains how to complete this form. 2. FILER NAME Mr. William H. White S. ACCOUNT # GNationerischniture; Set 15 Payee name 0.5/15/2003 Richard Lapin 6. Payee address: City: State: Zip Code 2000 Bagby #5401 Houston TX 77000 7. Amount (S) 1589.29 6. Purpose of expenditure (See instructions regarding type of information required.) Net payroll Taxes! 7. Amount (S) 1589.29 8. Purpose of expenditure (See instructions regarding type of information required.) Repair of the control of the c					
Mr. William H. White C00000000 4 Date Start Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held Date Payee address: City; State; Zip Code 2000 Bagby #5401 Houston TX 77002 8 Purpose of expenditure (See instructions regarding type of information required.) Net payroll Date Payee name 01/31/2003 Alliance Payroll Service Payee address: City; State; Zip Code 12707 North Freeway Sulte 320 Peurpose of expenditure (See instructions regarding type of information required.) FICA/Payroll Taxsel Date Payee name 03/31/2003 Michael Moore Payee address: City; State; Zip Code 2110 Baldwin Houston TX 77033 Purpose of expenditure (See instructions regarding type of information required.) FICA/Payroll Taxsel Date Payee name 03/31/2003 Michael Moore Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Office held Office held Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH ** Office held Payee address; City; State; Zip Code 1301 Misteliote Lane Kingwood TX 77339 Purpose of expenditure (See instructions regarding type of information required.) Net Payroll Office held Office held Office held Office held Office held Office held	The Instruction	ON GUIDE explains how to complete this form.			rt:
Richard Lapin 6 Payee address; City; State; Zip Code 2000 Bagby #5401 Houston TX 77002 8 Purpose of expenditure (See instructions regarding type of information required.) Net payroll Date Payee name 01/31/2003 Alliance Payroll Service Payee address; City; State; Zip Code 12707 North Fraeway Suite 320				-	(Ethics Commission filers)
Information required.) Net payroll Date Payee name Alliance Payroll Service Payee address: City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060 Purpose of expenditure (See instructions regarding type of information required.) FICA/Payroll Taxesl Date Payee address: City; State; Zip Code 2110 Baldwin Houston TX 77033 Purpose of expenditure (See instructions regarding type of information required.) Net Payroll Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Amount (S) 2454.19 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Office held Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	05/15/2003	Richard Lapin 6 Payee address; City; State; Zip Code 2000 Bagby #5401 Houston TX 77002	9 Complete if direct expe	randiture to benefit C	(\$) 1589.29
Alliance Payroll Service O1/31/2003 Alliance Payroll Service Payee address; City; State; Zip Code 12707 North Freeway Suits 320 Houston TX 77080 Purpose of expenditure (See instructions regarding type of information required.) FICA/Payroll Taxesl Date O3/31/2003 Michael Moore Payee address; City; State; Zip Code 2110 Baldwin Houston TX 77033 Purpose of expenditure (See instructions regarding type of information required.) Net Payroll Date Payee name Office instructions regarding type of information required.) Net Payroll Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Office held Office held Office sought Office held	information red	quired.)	Candidate / Officeholder na	ame Office	sought Office held
information required.) FICA/Payroll Taxes! Candidate / Officeholder name Candidate / Officeholder name Office sought Office hold Amount (\$) 2454.19 Payee address; City; State; Zip Code 2110 Baldwin Houston TX 77033 Purpose of expenditure (See instructions regarding type of information required.) Net Payroll Date Payee name Office hold Candidate / Officeholder name Office sought Office hold Office hold Amount (\$) Candidate / Officeholder name Office sought Office hold		Alliance Payroll Service Payee address; City; State; Zip Code 12707 North Freeway Suite 320			(\$)
Michael Moore Payee address; City; State; Zip Code 2110 Baldwin Houston TX 77033 Purpose of expenditure (See instructions regarding type of information required.) Net Payroll Date Payee name O5/30/2003 Glenn W. Grantom Payee address; City; State; Zip Code 1301 Mistletoe Lane Kingwood TX 77339 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH (\$) Candidate / Office holder name Amount (\$) 1032.19 Complete if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Office held Office held Office held	information red	quired.)			
Information required.) Net Payroll Date Payee name Amount (\$) Payee address; City; State; Zip Code 1301 Mistletoe Lane Kingwood TX 77339 Purpose of expenditure (See instructions regarding type of information required.) Net payroll Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Office sought Office held Office sought Office held		Michael Moore Payee address; City; State; Zip Code 2110 Baldwin			(\$)
O5/30/2003 Glenn W. Grantom Payee address; City; State; Zip Code 1301 Mistletoe Lane Kingwood TX 77339 Purpose of expenditure (See instructions regarding type of information required.) Net payroll (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Office held Office sought Office held	information req	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		
information required.) Candidate / Officeholder name Office sought Office held Net payroll		Glenn W. Grantom Payee address; City; State; Zip Code 1301 Mistletoe Lane			(\$)
	information req	penditure (See instructions regarding type of quired.)			ought Office held

POLITICAL EXPENDITURES SCHEDULE F

THE INSTRUCTI	ION GUIDE explains how to complete this form.	1 Total pages report 362/430	t:
FILER NAMI Mr. William		3 ACCOUNT # C000000000	(Ethics Commission filers)
Date	5 Payee name	7	Amount
04/25/2003	Rives Carlberg L.P.		(\$) 2009.12
	6 Payee address; City; State; Zip Cod	de	
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056		
Purpose of exinformation red Banner	penditure (See instructions regarding type of quired.)	9 Complete if direct expenditure to benefit C/C Candidate / Officeholder name Offices	
Date	Payee name		Amount
04/25/2003	SBC		(\$) 2944.41
V-1/20/22-2		e	40 77. 7.
	P.O. Box 3025	e	
of ove	Houston TX 77097-0043	Complete if direct expenditure to benefit C/C	^U
Purpose of exp information red Phones	penditure (See instructions regarding type of quired.)	Complete if direct experiment to benefit C/C Candidate / Officeholder name Office so	
Date	Payee name		Amount
	Payee name John L. Wortham & Son		(\$)
Date 03/19/2003	John L. Wortham & Son	е	
	John L. Wortham & Son		(\$)
	John L. Wortham & Son Payee address; City; State; Zip Cod		(\$)
03/19/2003	John L. Wortham & Son Payee address; City; State; Zip Cod PO Box 1388 Houston TX 77251-1388 penditure (See instructions regarding type of		(\$) 1711.00
03/19/2003	John L. Wortham & Son Payee address; City; State; Zip Cod PO Box 1388 Houston TX 77251-1388 penditure (See instructions regarding type of	Complete if direct expenditure to benefit C/C	(\$) 1711.00
03/19/2003 Purpose of expinformation reco	John L. Wortham & Son Payee address; City; State; Zip Cod PO Box 1388 Houston TX 77251-1388 penditure (See instructions regarding type of	Complete if direct expenditure to benefit C/C	(\$) 1711.00 OH •• Ought Office held
O3/19/2003 Purpose of expinformation recollinsurance	John L. Wortham & Son Payee address; City; State; Zip Cod PO Box 1388 Houston TX 77251-1388 penditure (See instructions regarding type of quired.) Payee name SBC	Complete if direct expenditure to benefit C/C Candidate / Officeholder name Office so	(\$) 1711.00 OH •• Dught Office held Amount (\$)
O3/19/2003 Purpose of expinformation recollaboration	John L. Wortham & Son Payee address; City; State; Zip Code PO Box 1388 Houston TX 77251-1388 penditure (See instructions regarding type of quired.) Payee name SBC	Complete if direct expenditure to benefit C/C Candidate / Officeholder name Office so	(\$) 1711.00 OH •• Dught Office held
O3/19/2003 Purpose of expinformation recollaboration	John L. Wortham & Son Payee address; City; State; Zip Cod PO Box 1388 Houston TX 77251-1388 penditure (See instructions regarding type of quired.) Payee name SBC	Complete if direct expenditure to benefit C/C Candidate / Officeholder name Office so	(\$) 1711.00 OH •• Dught Office held Amount (\$)
O3/19/2003 Purpose of expinformation recollaboration	John L. Wortham & Son Payee address; City; State; Zip Code PO Box 1388 Houston TX 77251-1388 penditure (See instructions regarding type of quired.) Payee name SBC Payee address; City; State; Zip Code	Complete if direct expenditure to benefit C/C Candidate / Officeholder name Office so	(\$) 1711.00 OH •• Dught Office held Amount (\$)

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 363/430	
2 FILER NAME Mr. William	·		3 ACCOUNT # (CO00000000	Ethics Commission filers)
4 Date 06/23/2003	6 Payee address; City; State; Zip Code P.O. Box 34328 Seattle WA 98124		7	Amount (\$) 119.06
8 Purpose of expinformation red Checks	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		
Date 03/14/2003	Payee name Alliance Payroll Service Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060			Amount (\$) 1665.02
Purpose of exp information red FICA/Payroll		Complete if direct expe Candidate / Officeholder n		
Date 05/02/2003	Payee name Woodson Consulting Payee address; City; State; Zip Code 1401 Nueces Austin TX 78701			Amount (\$) 12956.73
Purpose of exp information red Consulting	t penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OI ame Office sou	
Date 06/30/2003	Payee name Jackson and Company Payee address; City; State; Zip Code PO Box 130260 Houston TX 77219-0260			Amount (\$) 286.00
Purpose of exp information red Food for 5/12		Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OF ame Office sou	

I ne Instructi	וסא Guide explains how to complete this form.		1 Total pages rep 364/430	port:
2 FILER NAM Mr. William			3 ACCOUNT C00000000	# (Ethics Commission filers)
Date	5 Payee name		7	Amount
04/15/2003	Alliance Payroll Service			(\$) 2574.60
	6 Payee address; City; State; Zip Cod	e		
	12707 North Freeway Suite 320 Houston TX 77060			
Purpose of ex information re-	penditure (See instructions regarding type of	9 Complete if direct expe		C/OH ** e sought Office held
FICA/Payroll		Odificials / Officials is	3116 5	e sought ones note
Date	Payee name			Amount
06/30/2003	Alliance Payroll Service			(\$) 58.73
		 A		30.73
	12707 North Freeway	,		
	Suite 320 Houston TX 77060			
Durnoss of ov	penditure (See instructions regarding type of			
		Complete if direct expe		
information red Payroll Expe	quired.)	Complete if direct expe Candidate / Officeholder na		C/OH •• e sought Office held
information red	quired.)			
information red	quired.)			e sought Office held Amount
information red Payroll Expe	quired.) inses Payee name			Amount (\$)
information red Payroll Expe	quired.) inses	Candidate / Officeholder na		e sought Office held Amount
information red Payroll Expe	quired.) enses Payee name Andrea Young	Candidate / Officeholder na		Amount (\$)
information red Payroll Expe	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309	Candidate / Officeholder na		Amount (\$)
information red Payroll Expe Date 06/13/2003	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004	Candidate / Officeholder na	ime Offic	Amount (\$) 1230.25
Date 06/13/2003 Purpose of expinformation recognitions and the purpose of expinformation recognitions are also become a purpose of expinformation recognitions.	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004 penditure (See instructions regarding type of	Candidate / Officeholder na	nditure to benefit (Amount (\$) 1230.25
Date 06/13/2003	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004 penditure (See instructions regarding type of	Candidate / Officeholder na	nditure to benefit (Amount (\$) 1230.25
Date O6/13/2003 Purpose of expinformation recovery Net Payroll	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004 penditure (See instructions regarding type of quired.)	Candidate / Officeholder na	nditure to benefit (Amount (\$) 1230.25
Date 06/13/2003 Purpose of expinformation recognitions and the purpose of expinformation recognitions are also become a purpose of expinformation recognitions.	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004 penditure (See instructions regarding type of	Candidate / Officeholder na	nditure to benefit (Amount (\$) 1230.25
Date O6/13/2003 Purpose of expinformation recovery Net Payroll	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004 penditure (See instructions regarding type of quired.)	Candidate / Officeholder na Complete if direct experior candidate / Officeholder na	nditure to benefit (Amount (\$) 1230.25
Date O6/13/2003 Purpose of expinformation recondent Payroll Date	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004 penditure (See instructions regarding type of quired.)	Candidate / Officeholder na Complete if direct experior Candidate / Officeholder na	nditure to benefit (Amount (\$) 1230.25 C/OH Amount Office held Amount (\$)
Date O6/13/2003 Purpose of expinformation recondent Payroll Date	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004 Penditure (See instructions regarding type of quired.) Payee name Lindsey's Office Furniture & Custom Uphol	Candidate / Officeholder na Complete if direct experior Candidate / Officeholder na	nditure to benefit (Amount (\$) 1230.25 C/OH Amount Office held Amount (\$)
Date O6/13/2003 Purpose of expinformation recondent Payroll Date	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004 penditure (See instructions regarding type of quired.) Payee name Lindsey's Office Furniture & Custom Uphol Payee address; City; State; Zip Code	Candidate / Officeholder na Complete if direct experior Candidate / Officeholder na	nditure to benefit (Amount (\$) 1230.25 C/OH Amount Office held
Date O6/13/2003 Purpose of expinformation reconstruction Net Payroll Date 05/22/2003	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004 penditure (See instructions regarding type of quired.) Payee name Lindsey's Office Furniture & Custom Uphol Payee address; City; State; Zip Code 6401 Long Point Suite 204	Candidate / Officeholder na Complete if direct exper Candidate / Officeholder na Complete if direct exper	nditure to benefit 0	Amount (\$) 1230.25 C/OH Amount (\$) 412.43
Date O6/13/2003 Purpose of expinformation reconstruction Net Payroll Date 05/22/2003	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004 penditure (See instructions regarding type of quired.) Payee address; City; State; Zip Code 6401 Long Point Suite 204 Houston TX 77055 penditure (See instructions regarding type of quired.)	Candidate / Officeholder na Complete if direct experior Candidate / Officeholder na	nditure to benefit 0	Amount (\$) 1230.25 C/OH Amount (\$) 412.43

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 365/430	
2 FILER NAME Mr. William		-	3 ACCOUNT # C00000000	(Ethics Commission filers)
4 Date	5 Payee name		7	Amount
01/27/2003	6 Payee address; City; State; Zip Cod 3011 A. Peach Hollow	de		(\$) 740.37
information red	Pearland TX 77584 penditure (See instructions regarding type of quired.) ent for office supplies	9 Complete if direct ex Candidate / Officeholder	xpenditure to benefit C/C r name Office so	
Date	Payee name			Amount
06/30/2003	Rives Carlberg L.P.	de		(\$) 64.76
Purpose of exp information red Stickers	penditure (See instructions regarding type of quired.)	Complete if direct ex Candidate / Officeholder	penditure to benefit C/O r name Office so	
Date	Payee name			Amount
05/05/2003	One Source Communications,Inc. Payee address; City; State; Zip Code 5904 Jessamine Suite A-16 Houston TX 77081	е		(\$) 162.38
Purpose of exp information red Stationery	l- penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder	penditure to benefit C/O name Office sou	
Date	Payee name			Amount
04/11/2003	Butrum & Associates Payee address; City; State; Zip Code 952 Echo Lane Suite 350 Houston TX 77024	e		(\$) 500.00
information req	penditure (See instructions regarding type of quired.) OP lunch tickets	Complete if direct exp Candidate / Officeholder	penditure to benefit C/Oi name Office sou	

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages report: 366/430
FILER NAMI Mr. William			3 ACCOUNT # (Ethics Commission filers) C000000000
Date 01/16/2003	6 Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004		7 Amount (\$) 70.00
information red	penditure (See instructions regarding type of quired.) ent for Campaign Expenses	9 Complete if direct exper Candidate / Officeholder na	nditure to benefit C/OH "" me Office sought Office held
Date 05/14/2003	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004		Amount (\$) 200.00
Purpose of exp information red Reimb Health		Complete if direct exper Candidate / Officeholder nar	nditure to benefit C/OH •• me Office sought Office held
Date 06/21/2003	Payee name Butrum & Associates Payee address; City; State; Zip Code 952 Echo Lane Suite 350 Houston TX 77024	•••••••••••••••••••••••••••••••••••••••	Amount (\$) 352.00
Purpose of exp information req Printing/Enve	,	Complete if direct expen Candidate / Officeholder nan	diture to benefit C/OH ** ne Office sought Office held
Date 04/14/2003	Payee name Rives Carlberg L.P. Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056		Amount (\$) 3149.23
Purpose of exp information req	enditure (See instructions regarding type of uired.)	Complete if direct expend Candidate / Officeholder name	diture to benefit C/OH ** ne Office sought Office held

	TION GUIDE explains how to complete this form.		1 Total page 367/430	
PILER NAM Mr. William			3 ACCOU C00000	NT # (Ethics Commission filers)
Date	5 Payee name		<u> </u>	7 Amount
06/05/2003	Gail Brown			(\$) 3500.00
	6 Payee address; City; State; Zip Coo		• • • • • • • • • • • • • • • • • • • •	
	1012 Memorial Village			
	Houston TX 77024			
Purpose of exinformation re Contract Lal		9 Complete if direct experience Candidate / Officeholder no		efit C/OH ** Office sought Office held
Date	Payee name			Amount
06/14/2003	Hallmark Office Products			(\$)
				64.92
	Payee address; City; State; Zip Coc	1 e		1
Durnose of ex	Houston TX 77040 penditure (See instructions regarding type of	Complete if direct eyes	Marie to hon	7: C/OLL
information re	quired.)	Complete if direct expe Candidate / Officeholder na		Office sought Office held
Office Suppl	ies			
Date	Payee name		-	Amount
06/30/2003	Hotshot			(\$) 246.35
	l .		• • • • • • • • • • • • • • • • • • • •	2.0.00
	Payee address; City; State; Zip Cod			
	P.O. Box 701189	-		
Purpose of expinformation reconstruction	P.O. Box 701189 Houston TX 77270-1189 penditure (See instructions regarding type of quired.)	Complete if direct exper Candidate / Officeholder na		office sought Office held
information red	P.O. Box 701189 Houston TX 77270-1189 penditure (See instructions regarding type of quired.) vices	Complete if direct expe		
information red	P.O. Box 701189 Houston TX 77270-1189 penditure (See instructions regarding type of quired.)	Complete if direct expe		Office sought Office held Amount
information red Delivery Serv	P.O. Box 701189 Houston TX 77270-1189 penditure (See instructions regarding type of quired.) vices Payee name Info Vine,Inc.	Complete if direct expe Candidate / Officeholder na		Office sought Office held
information red Delivery Services	P.O. Box 701189 Houston TX 77270-1189 penditure (See instructions regarding type of quired.) vices Payee name Info Vine,Inc.	Complete if direct expe Candidate / Officeholder na		Office sought Office held Amount (\$)
information red Delivery Serv Date	P.O. Box 701189 Houston TX 77270-1189 penditure (See instructions regarding type of quired.) vices Payee name Info Vine,Inc.	Complete if direct expe Candidate / Officeholder na		Office sought Office held Amount (\$)
information red Delivery Serv Date	P.O. Box 701189 Houston TX 77270-1189 penditure (See instructions regarding type of quired.) vices Payee name Info Vine,Inc. Payee address; City; State; Zip Code	Complete if direct expe Candidate / Officeholder na		Office sought Office held Amount (\$)

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages 368/430	report:
2 FILER NAMI Mr. William			3 ACCOUN C0000000	T# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
03/31/2003	Alliance Payroll Service			(\$) 217.20
	6 Payee address; City; State; Zip Code		• • • • • • • • • • •	
	12707 North Freeway Suite 320 Houston TX 77060			
8 Purpose of expinformation reconstruction Payroll services	·	9 Complete if direct expe Candidate / Officeholder na		it C/OH "" ffice sought Office held
Date	Payee name			Amount
05/27/2003	Western Lithograph		·	(\$) 637.59
	Payee address; City; State; Zip Code			
	4335 Directors Row Texas			
	Houston TX 77092			
Purpose of exp information red Name Tags	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		it C/OH •• ffice sought Office held
Date	Payee name			Amount
03/24/2003	Rives Carlberg L.P.			(\$)
03/24/2003	Payee address; City; State; Zip Code			522.00
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056			1
Purpose of exp information red Stickers	penditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na		t C/OH • • flice held
Date	Payee name			Amount
05/30/2003	Butrum & Associates			(\$) 12500.00
	Payee address; City; State; Zip Code			
	952 Echo Lane Suite 350 Houston TX 77024			
Purpose of exp information req Consulting	enditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder na		C/OH "" ice sought Office held

The Instruction Guide explains how to complete this form.	Total pages report: 369/430
2 FILER NAME Mr. William H. White	ACCOUNT # (Ethics Commission filers) C00000000
4 Date 5 Payee name 02/27/2003 Hotshot 6 Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	7 Amount (\$) 69.80
8 Purpose of expenditure (See instructions regarding type of information required.) Delivery Services 9 Complete if direct expendence of Candidate / Officeholder name of Candidate / Officeholder n	
Date Payee name 04/18/2003 Cash Payee address; City; State; Zip Code	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Volunteer meals Complete if direct expend Candidate / Officeholder name	
Date Payee name 05/30/2003 Rives Carlberg L.P. Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) Candidate / Officeholder name Candidate / Officeholder name	
Date Payee name 05/10/2003 Hallmark Office Products Payee address; City; State; Zip Code 5650 Guhn Road #124 Houston TX 77040	Amount (\$) 356.80
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies Complete if direct expendit Candidate / Officeholder name	iture to benefit C/OH ** Office sought Office held

The Instruction	ION GUIDE explains how to complete this form.		1 Total pages 370/430	report:
2 FILER NAME Mr. William			3 ACCOUN C0000000	T # (Ethics Commission filers)
4 Date	5 Payee name	_		7 Amount
02/17/2003	ttweak		ļ	(\$) 14250.00
				17200.00
	4910 Main Street			·
				i
	Houston TX 77002	1		
8 Purpose of expinformation red Media	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder na		fit C/OH Office sought Office held
Date	Payee name			Amount
05/27/2003	Western Lithograph			(\$) 860.59
00,2				000,00
	4335 Directors Row Texas			
	Houston TX 77092			
Purpose of exp information red Name Tags	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		fit C/OH •• Office sought Office held
Date	Payee name			Amount
03/05/2003	Datavox			(\$) 151.55
	Payee address; City; State; Zip Code			•
	PO Box 297468			
	Houston TX 77297-7468			
Durnoca of evr	penditure (See instructions regarding type of	Complete if direct exper	- diffuse to benef	2 0/013 11
information req	penditure (See instructions regarding type of penditure)	Complete if direct exper Candidate / Officeholder na		It C/OH ffice sought Office held
Phones		·		
Date	Payee name			Amount (\$)
06/25/2003	Casa's			(\$) 458.43
	Payee address; City; State; Zip Code			
	2811 Washington		,	
	Houston TX 77007			
Durnose of exp	penditure (See instructions regarding type of	Complete if direct exper	aditure to benefi	* C/OU **
information req	quired.)	Candidate / Officeholder nar		ffice sought Office held
Lunch: Hispa	anic Chamber	į		
				İ

The Instruct	TION GUIDE explains how to complete this form.	1 Total 371.	pages report: /430
2 FILER NAM Mr. William			COUNT # (Ethics Commission filers)
4 Date 06/20/2003	5 Payee name City of Houston 6 Payee address; City; State; Zip Code 611 Walker	e	7 Amount (\$) 50.00
	Houston TX 77002		
Purpose of ex information re Document E		Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH ** Office sought Office held
Date	Payee name		Amount (\$)
05/29/2003	Juan Ortiz		17.32
	Payee address; City; State; Zip Code)	
	814 Woodvine		
	Houston TX 77017		
information re	spenditure (See instructions regarding type of quired.) ffice Supplies	Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH •• Office sought Office held
Date	Payee name		Amount
	Payee name Info Vine,Inc.		Amount (\$) 22880.00
Date			(\$)
Date	Info Vine,Inc.		(\$)
Date	Info Vine,Inc. Payee address; City; State; Zip Code		(\$)
Date 05/05/2003	Info Vine,Inc. Payee address; City; State; Zip Code P.O. Box 2706 Houston TX 77252-2706 penditure (See instructions regarding type of	Complete if direct expenditure to Candidate / Officeholder name	(\$) 22880.00
Date 05/05/2003 Purpose of exinformation received.	Info Vine,Inc. Payee address; City; State; Zip Code P.O. Box 2706 Houston TX 77252-2706 penditure (See instructions regarding type of	Complete if direct expenditure to	(\$) 22880.00 benefit C/OH ** Office sought Office held
Date 05/05/2003 Purpose of exinformation recognized Mail	Info Vine,Inc. Payee address; City; State; Zip Code P.O. Box 2706 Houston TX 77252-2706 penditure (See instructions regarding type of quired.)	Complete if direct expenditure to Candidate / Officeholder name	(\$) 22880.00 benefit C/OH ** Office sought Office held
Date 05/05/2003 Purpose of exinformation recognized Mail	Info Vine,Inc. Payee address; City; State; Zip Code P.O. Box 2706 Houston TX 77252-2706 penditure (See instructions regarding type of quired.) Payee name	Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH ** Office sought Office held Amount (\$)
Date 05/05/2003 Purpose of exinformation recognized Mail	Info Vine,Inc. Payee address; City; State; Zip Code P.O. Box 2706 Houston TX 77252-2706 penditure (See instructions regarding type of quired.) Payee name SBC	Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH ** Office sought Office held Amount (\$)
Date 05/05/2003 Purpose of exinformation recognized Mail	Info Vine,Inc. Payee address; City; State; Zip Code P.O. Box 2706 Houston TX 77252-2706 penditure (See instructions regarding type of quired.) Payee name SBC Payee address; City; State; Zip Code	Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH ** Office sought Office held Amount (\$)
Date 05/05/2003 Purpose of expinformation recognition Direct Mail Date 06/30/2003	Info Vine,Inc. Payee address; City; State; Zip Code P.O. Box 2706 Houston TX 77252-2706 penditure (See instructions regarding type of quired.) Payee name SBC Payee address; City; State; Zip Code P.O. Box 3025 Houston TX 77097-0043 penditure (See instructions regarding type of	Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH Office sought Office held Amount (\$) 1872.94

Purpose of expenditure (See instructions regarding type of

information required.)

Media

Office held

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

			4000	
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages rep 373/430	ort:
2 FILER NAMI Mr. William			3 ACCOUNT # C00000000	# (Ethics Commission filers)
4 Date	5 Payee name		7	Amount
05/19/2003	David Garcia			(\$) 100.00
	6 Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • •		, =
	2534 Yorktown Apartment 66			
	Houston TX 77056			
8 Purpose of exinformation recontract labor		9 Complete if direct expe Candidate / Officeholder no		C/OH • • Office held
Date	Payee name			Amount
03/05/2003				(\$)
03/05/2005	The Hartford			259.00
	Payee address; City; State; Zip Code			
	P. O. Box 2907			
	Hartford CT 06104-2907			
Purpose of expended information red Insurance	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		C/OH •• e sought Office held
Date	Payee name			Amount
				(\$)
05/22/2003	Michael Moore			99.95
	Payee address; City; State; Zip Code			
	2110 Baldwin			
	Houston TX 77033			
information red	penditure (See instructions regarding type of quired.) properties of the properties	Complete if direct expe Candidate / Officeholder na	enditure to benefit C ame Office	C/OH ** sought Office held
Date	Payee name	<u></u>		Amount
05/05/2003	Hazel Mitchell			(\$) 120.96
	Payee address; City; State; Zip Code			- <u></u> -
	15001 Crosswinds Drive			
	Apt. 601 Houston TX 77032			
Purpose of exp	penditure (See instructions regarding type of guired.)	Complete if direct experimental Candidate / Officeholder na		/OH " sought Office held
Mileage reim		Surface Control of the Control of th		500g,n
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				- Marie - Mari

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The INSTRUCTI	ом Guide explains how to complete this form.		1 Total pages report: 374/430	
2 FILER NAM Mr. William		·	3 ACCOUNT # (Ethics C00000000	Commission filers)
4 Date	5 Payee name		7	Amount
02/13/2003	Andrea Young			(\$) 1227.23
	6 Payee address; City; State; Zip Cod	e		•
	5500 Sampson St #2309			
	Houston TX 77004			
8 Purpose of ex	penditure (See instructions regarding type of	9 Complete if direct exp	enditure to benefit C/OH •	•
information re- Net Payroll	quired.)	Candidate / Officeholder n		Office held
Hott ajio				
Date	Payee name			Amount
02/12/2003	Datavox			(\$) 151.55
Van I am an C	Payee address; City; State; Zip Cod			101.00
	PO Box 297468	c		
Purpose of ex	Houston TX 77297-7468 spenditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/OH •	
information red	quired.)	Complete il direct expe		Office held
Phones				
	T _			*
Date	Payee name		1	Amount
				(\$)
04/03/2003	YMCA of the Greater Houston			(\$) 250.00
04/03/2003	YMCA of the Greater Houston Payee address; City; State; Zip Code	g		
04/03/2003		 Э		
04/03/2003	Payee address; City; State; Zip Code	 Э		
Purpose of exp	Payee address; City; State; Zip Code 2122 East Governor's Circle Houston TX 77092 penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/OH **	250.00
	Payee address; City; State; Zip Code 2122 East Governor's Circle Houston TX 77092 penditure (See instructions regarding type of		enditure to benefit C/OH *** ame Office sought	250.00
Purpose of exp	Payee address; City; State; Zip Code 2122 East Governor's Circle Houston TX 77092 penditure (See instructions regarding type of	Complete if direct expe		250.00
Purpose of exp	Payee address; City; State; Zip Code 2122 East Governor's Circle Houston TX 77092 penditure (See instructions regarding type of	Complete if direct expe		250.00 Office held
Purpose of exp information red Ad	Payee address; City; State; Zip Code 2122 East Governor's Circle Houston TX 77092 penditure (See instructions regarding type of quired.) Payee name Amy's Cafe	Complete if direct expe Candidate / Officeholder na		250.00 Office held
Purpose of expinformation red Ad	Payee address; City; State; Zip Code 2122 East Governor's Circle Houston TX 77092 penditure (See instructions regarding type of quired.) Payee name Amy's Cafe	Complete if direct expe Candidate / Officeholder na		250.00 Office held Amount (\$)
Purpose of expinformation red Ad	Payee address; City; State; Zip Code 2122 East Governor's Circle Houston TX 77092 penditure (See instructions regarding type of quired.) Payee name Amy's Cafe Payee address; City; State; Zip Code 720 N. Post Oak Road	Complete if direct expe Candidate / Officeholder na		250.00 Office held Amount (\$)
Purpose of expinformation red Ad	Payee address; City; State; Zip Code 2122 East Governor's Circle Houston TX 77092 penditure (See instructions regarding type of quired.) Payee name Amy's Cafe Payee address; City; State; Zip Code	Complete if direct expe Candidate / Officeholder na		250.00 Office held Amount (\$)
Purpose of expinformation red Ad Date 05/27/2003	Payee address; City; State; Zip Code 2122 East Governor's Circle Houston TX 77092 penditure (See instructions regarding type of quired.) Payee name Amy's Cafe Payee address; City; State; Zip Code 720 N. Post Oak Road Suite 124 Houston TX 77024 penditure (See instructions regarding type of	Complete if direct expectandidate / Officeholder not	ame Office sought	250.00 Office held Amount (\$) 69.26
Purpose of expinformation red Ad Date 05/27/2003	Payee address; City; State; Zip Code 2122 East Governor's Circle Houston TX 77092 penditure (See instructions regarding type of quired.) Payee name Amy's Cafe Payee address; City; State; Zip Code 720 N. Post Oak Road Suite 124 Houston TX 77024 penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	ame Office sought	250.00 Office held Amount (\$) 69.26

POLIT	ICAL EXPENDITURES		SC	CHEDULE F
The Instruct	ION GUIDE explains how to complete this form.		1 Total pages report: 375/430	
2 FILER NAM Mr. William			3 ACCOUNT # (Ethi C00000000	cs Commission filers)
4 Date	5 Payee name	, ,	7	Amount
01/27/2003	ttweak		1	(\$) 13985.00
	6 Payee address; City; State; Zip Code			
	4910 Main Street			
	Houston TX 77002			
8 Purpose of ex information red Media	I penditure (See instructions regarding type of quired.)	9 Complete if direct experience of Candidate / Officeholder n	enditure to benefit C/OH name Office sough	
Date	Payee name			Amount
03/19/2003	Federal Express			(\$)
00/10/2000		•••••		18.36
	Payee address; City; State; Zip Code P.O. Box 1140			
Durnoss of ove	Memphis TN 38101-1140 penditure (See instructions regarding type of	Complete if direct eyes	anditure to benefit C/OH	
information red Delivery Serv	quired.)	Candidate / Officeholder na	enditure to benefit C/OH ame Office sought	
Date	Payee name		T	Amount
05/15/2003	Myra Jolivet			(\$) 4500.00
				4500.00
	1200 Smith			
;	16th Floor Houston TX 77002			
Purpose of exr	penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/OH '	
information red Consulting	guired.)	Candidate / Officeholder na	ame Office sought	
Date	Payee name			Amount
02/13/2003	Sharon Haley			(\$) 1280.00
	Payee address; City; State; Zip Code			
	3011 A. Peach Hollow			
	Pearland TX 77584			
Purpose of exp information req Net Payroll	enditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/OH * me Office sought	Office held
				ĺ

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages repor 376/430	i:
2 FILER NAME Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)
4 Date 04/25/2003	5 Payee name Darcy Mackey 6 Payee address; City; State; Zip Code 3303 S. Rice Suite 210-B Houston TX 77056		7	Amount (\$) 2250.00
Purpose of exp information req Contract Labe		9 Complete if direct expe Candidate / Officeholder na		
Date 03/28/2003	Payee name RM Crowe Payee address; City; State; Zip Code 5100 Westheimer Suite 231 Houston TX 77027			Amount (\$) 6000.00
Purpose of exp information req Rent	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na		
Date 05/23/2003	Payee name Info Vine,Inc. Payee address; City; State; Zip Code P.O. Box 2706 Houston TX 77252-2706			Amount (\$) 132.22
Purpose of exp information req Direct Mail	enditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/C une Office so	
Date 04/18/2003	Payee name Sharon Haley Payee address; City; State; Zip Code 3011 A. Peach Hollow Pearland TX 77584			Amount (\$) 25.66
information req	enditure (See instructions regarding type of uired.) ent for office supplies	Complete if direct exper Candidate / Officeholder na		

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 377/430	
2 FILER NAMI Mr. William			3 ACCOUNT # (Ethi C00000000	cs Commission filers)
4 Date	5 Payee name		7	Amount
03/11/2003	Central Parking Systems of Texas			(\$) 187.50
	6 Payee address; City; State; Zip Code			
	1415 Louisiana Box 44			
	Houston TX 77002			
8 Purpose of exinformation reconstruction	I penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH aame · Office sough	
Date	Payee name			Amount
04/25/2003	Andrea White			(\$) 403.42
	Payee address; City; State; Zip Code		•••••	
	101 Stablewood Court			
	Houston TX 77024	•		
Purpose of exp information red Reimb for Op		Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sough	
Date	Payee name			Amount (\$)
01/09/2003	U. S. Postmaster			185.00
	Payee address; City; State; Zip Code			
	Barbara Jordan Main Post Office		:	
445	Houston TX 77201-9998			
information red	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sought	
Postage				
Date	Payee name			Amount
04/14/2003	Rives Carlberg L.P.			(\$) 25350.77
	Payee address; City, State; Zip Code			
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056			
Purpose of exp	oenditure (See instructions regarding type of pulled.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH '	
Media	•			

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 378/430	report:
2 FILER NAME Mr. William	H. White		3 ACCOUN C000000	IT # (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
01/31/2003	Alliance Payroll Service			(\$) 50.61
	6 Payee address; City; State; Zip Code			
	12707 North Freeway Suite 320 Houston TX 77060			
Purpose of exp information req Payroll service		9 Complete if direct expe Candidate / Officeholder na		Fift C/OH ** Office sought Office held
Date	Payee name			Amount
05/22/2003	Michael Moore			(\$) 291.62
ľ	Payee address; City; State; Zip Code			
	2110 Baldwin			
	Houston TX 77033			
Purpose of exp information req	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		fit C/OH •• Office sought Office held
Reimb for Fo	od for roundtable			
Date	Payee name			Amount
04/30/2003	Alliance Payroll Service			(\$) 44.92
	12707 North Freeway			
	Suite 320 Houston TX 77060	· .		
Purpose of exp information req Payroll servic	· · · ·	Complete if direct expe Candidate / Officeholder na		fit C/OH ** Office sought Office held
Date	Payee name			Amount
05/15/2003	Glenn W. Grantom			(\$) 1032.18
ľ	Payee address; City; State; Zip Code		• • • • • • • • •	
	1301 Mistletoe Lane			•
	Kingwood TX 77339			
	penditure (See instructions regarding type of	Complete if direct exper		
information req Net payroll	uired.)	Candidate / Officeholder na	ıme u	office sought Office held

· · · · · · · · · · · · · · · · · · ·				

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 379/430	report:
2 FILER NAME Mr. William			3 ACCOUN C000000	T # (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
03/31/2003	Rives Carlberg L.P.			(\$) 4327.07
00/01/2000				4027.07
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056	•		
8 Purpose of exp information red Media	penditure (See instructions regarding type of quired.)	9 Complete if direct experience Candidate / Officeholder n	enditure to bene ame	Fit C/OH ** Office sought Office held
Date	Payee name			Amount
06/30/2003	Louise Van Vleck			(\$) 1520.42
				1020.42
	Payee address; City; State; Zip Code	•		
Purpose of expinformation red Net payroll	oenditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n		fit C/OH •• Office sought Office held
Date	Payee name		2	Amount
06/21/2003	Andrea Young			(\$) 28.37
00/21/2000	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		20.31
	5500 Sampson St #2309			
····	Houston TX 77004			
Purpose of exp information rec	penditure (See instructions regarding type of puried.)	Complete if direct expe		fit C/OH " Office held
	nch with groups			
Date	Payee name			Amount
05/30/2003	Rives Carlberg L.P.			(\$) 5000.45
03/30/2003				5880.15
	Payee address; City; State; Zip Code			
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056			
Purpose of exp information red Direct Mail	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		it C/OH ** Iffice sought Office held

POLITI	CAL EXPENDITURES		S	CHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages report: 380/430	
2 FILER NAMI Mr. William			3 ACCOUNT# (EII C000000000	hics Commission filers)
4 Date 01/28/2003 8 Purpose of exinformation received.	6 Payee address; City; State; Zip Code 5650 Guhn Road #124 Houston TX 77040 penditure (See instructions regarding type of	9 Complete if direct experience of Candidate / Officeholder n	enditure to benefit C/OH	
Office Suppli		Galdidate / Gilled field fil	· ·	
Date 03/19/2003	Payee name Rives Carlberg L.P. Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056			Amount (\$) 19356.81
Purpose of exp information red Direct Mail	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office soug	
Date 05/13/2003	Payee name Albion Hurricanes Memorial Cup Payee address; City; State; Zip Code P.O. Box 820561 Houston TX 77282-0561			Amount (\$) 100.00
Purpose of exp information red Newspaper A		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sough	
Date 06/17/2003	Payee name Myra Jolivet Payee address; City; State; Zip Code 1200 Smith 16th Floor Houston TX 77002			Amount (\$) 18.00
Purpose of exp information rec Newspaper A		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sough	

The Instruction	ON GUIDE explains how to complete this form.		Total pages report: 381/430
2 FILER NAME Mr. William			3 ACCOUNT # (Ethics Commission filers) C00000000
4 Date	5 Payee name		7 Amount
06/30/2003	Federal Express 6 Payee address; City; State; Zip Code P.O. Box 1140 Memphis TN 38101-1140		(\$) 37.05
8 Purpose of exp information req Delivery Serv	l penditure (See instructions regarding type of quired.)	9 Complete if direct exper Candidate / Officeholder nar	nditure to benefit C/OH ** ne Office sought Office held
Date	Payee name	······	Amount
03/27/2003	Hallmark Office Products		(\$) 555.62
	Payee address; City; State; Zip Code 5650 Guhn Road #124 Houston TX 77040		
Purpose of exp information req	penditure (See instructions regarding type of puried.)		diture to benefit C/OH ••
Office Supplie		Candidate / Officeholder nar	ne Office sought Office held
Office Supplie	es Payee name	Candidate / Officenoider nar	Amount (\$)
Office Supplie	es Payee name Rives Carlberg L.P.	Candidate / Officenoider nar	Amount
Office Supplie	Payee name Rives Carlberg L.P.		Amount (\$)
Office Supplied Date 03/19/2003	Payee name Rives Carlberg L.P. Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056 penditure (See instructions regarding type of		Amount (\$) 371.50
Date 03/19/2003 Purpose of expinformation req	Payee name Rives Carlberg L.P. Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056 penditure (See instructions regarding type of	Complete if direct expen	Amount (\$) 371.50 diture to benefit C/OH ** le Office sought Office held Amount
Date 03/19/2003 Purpose of expinformation required Media	Payee name Rives Carlberg L.P. Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056 penditure (See instructions regarding type of uired.) Payee name Western Lithograph	Complete if direct expendent of the complete o	Amount (\$) 371.50 diture to benefit C/OH ** le Office sought Office held Amount (\$) 2381.50
Date 03/19/2003 Purpose of expinformation required Media	Payee name Rives Carlberg L.P. Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056 penditure (See instructions regarding type of uired.) Payee name Western Lithograph	Complete if direct expen	Amount (\$) 371.50 diture to benefit C/OH ** le Office sought Office held Amount (\$) 2381.50
Date 03/19/2003 Purpose of expinformation required Media	Payee name Rives Carlberg L.P. Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056 Penditure (See instructions regarding type of uired.) Payee name Western Lithograph Payee address; City; State; Zip Code	Complete if direct expendent of the complete o	Amount (\$) 371.50 diture to benefit C/OH ** le Office sought Office held Amount (\$) 2381.50

The hetracutron Guide explains how to complete this form. 1 Total propers apport: 3 ACCOUNT # Create Committee Revol. 2 FILER NAME Mr. William H. White 1 Date 5 Payse name 02/28/2003 Deluve Checks 6 Payse address; City; State; Zip Code P.O. Box 1198 Lancasier CA 93534-1188 Lancasier CA 93534-1188 Purpose of expenditure (See instructions regarding type of information required.) Supplies Date Payse name 04/30/2003 Sharon Haley Pendrand TX 77584 Purpose of expenditure (See instructions regarding type of information required.) Net Payroil Date Payse address; City; State; Zip Code 3011 A. Peach Hollow Pendrand TX 77584 Purpose of expenditure (See instructions regarding type of information required.) Net Payroil Date Payse name 01/22/2003 Houston TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Net Payroil Date Payse address; City; State; Zip Code 501 Crawford Sulfe 400 Houston TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Minute Maid rental 2/5 event Date Payse address; City; State; Zip Code 2250 Bering Drive #34 Houston TX 77057 Purpose of expenditure (See instructions regarding type of information required.) Net payroil Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office exception of					
Mr. William H. White C00000000 4 Date Date S Payee name Payee address; City; State; Zip Code Information required.) Date Payee address; City; State; Zip Code Information required. Sharp Haley Candidate / Officeholder name Office sought Office held Code Information required. See instructions regarding type of Information required. Se	The Instruction	ON GUIDE explains how to complete this form.			:
Deluxe Checks 6 Payee address; City; State; Zip Code P.O. Box 1186 Lancester CA 93534-1186 8 Purpose of expenditure (See instructions regarding type of information required.) Date O4/30/2003 Payee address; City; State; Zip Code 3011 A. Peach Hollow Pearland TX 77584 Purpose of expenditure (See instructions regarding type of information required.) Net Payroll Date Payee name O1/22/2003 Houston Astros Baseball Club Payee address; City; State; Zip Code 501 Crawford Sulve 400 Sulve 400 Sulve 400 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Officeholder name Office sought Office held Office held Office held Officeholder name Office sought Officeholder name Office sought Officeholder name Officeh					(Ethics Commission filers)
Date Payee name Amount (\$) O4/30/2003 Sharon Haley 2035.00 Payee address; City; State; Zip Code 3011 A. Peach Hollow Pearland TX 77584 Purpose of expenditure (See instructions regarding type of information required.) Net Payroll Date Payee name Amount (\$) Office held Payee address; City; State; Zip Code 501 Crawford Suite 400 Houston Astros Baseball Club 2500.00 Purpose of expenditure (See instructions regarding type of information required.) Minute Maid rental 2/5 event Date Payee name Amount (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Office held Complete if direct expenditure to benefit C/OH ** Office held Office held Complete if direct expenditure to benefit C/OH ** Office held Office held Office held Office held Office held Office held Complete if direct expenditure to benefit C/OH ** Office held 02/26/2003 8 Purpose of exp	Deluxe Checks 6 Payee address; City; State; Zip Code P.O. Box 1186 Lancaster CA 93534-1186 penditure (See instructions regarding type of	9 Complete if direct expe	enditure to benefit C/C	(\$) 37.75	
O4/30/2003 Sharon Haley Payee address; City; State; Zip Code 3011 A. Peach Hollow Pearland TX 77584 Purpose of expenditure (See instructions regarding type of information required.) Net Payroll Date Payee name O1/22/2003 Houston Astros Baseball Club Payee address; City; State; Zip Code 501 Crawford Suite 400 Houston TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Minute Maid rental 2/5 event Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		quired.)	Candidate / Officeholder na	ame Office so	ought Office held
Information required.) Net Payroll Date Payee name 01/22/2003 Houston Astros Baseball Club Payee address; City; State; Zip Code 501 Crawford Suite 400 Houston TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Date Payee name 06/26/2003 Christina Cabral Payee address; City; State; Zip Code 2250 Bering Drive #34 Houston TX 77057 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		Sharon Haley Payee address; City; State; Zip Code 3011 A. Peach Hollow			(\$)
Houston Astros Baseball Club Payee address; City; State; Zip Code 501 Crawford Suite 400 Houston TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Minute Maid rental 2/5 event Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Amount (\$) 1701.59 Payee address; City; State; Zip Code 2250 Bering Drive #34 Houston TX 77057 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Candidate / Office held Complete if direct expenditure to benefit C/OH Candidate / Office held Coffice held Office held Office held	information rec				
information required.) Minute Maid rental 2/5 event Date Payee name Office sought Office held Amount (\$) Payee address; City; State; Zip Code 2250 Bering Drive #34 Houston TX 77057 Purpose of expenditure (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Office sought Office held		Houston Astros Baseball Club Payee address; City; State; Zip Code 501 Crawford Suite 400			(\$)
O6/26/2003 Christina Cabral Payee address; City; State; Zip Code 2250 Bering Drive #34 Houston TX 77057 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH ** Candidate / Office hold	information req	quired.)	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/C ame Office so	DH "" ught Office held
information required.) Candidate / Office hold Candidate / Office hold	·	Christina Cabral Payee address; City; State; Zip Code 2250 Bering Drive #34			(\$)
	information req	penditure (See instructions regarding type of juired.)			

The Instruct	TON GUIDE explains how to complete this form.		1 Total pages r 383/430	eport:
2 FILER NAM Mr. William			3 ACCOUNT C0000000	T# (Ethics Commission filers)
4 Date	5 Payee name		[7 Amount
05/23/2003	Baseline Apex Imaging,L.L.C.			(\$) 227.70
	6 Payee address; City; State; Zip Cod	e		
	5615 Richmond Avenue Suite 165 Houston TX 77057			
8 Purpose of ex information re-Office suppli	· · · · · ·	9 Complete if direct exper Candidate / Officeholder na		t C/OH •• fice sought Office held
Date	Payee name			Amount
05/15/2003	Northern Trust Bank			(\$) 10.00
	Payee address; City; State; Zip Code	 9		10.00
	2701 Kirby Drive			
	Houston TX 77098			
Purpose of exp	penditure (See instructions regarding type of quired.)	Complete if direct expen		C/OH
wire transfer	charge			•• •• •• ••
Date	Payee name			Amount
06/21/2003	Hazel Mitchell			(\$) 60.48
	Payee address; City; State; Zip Code			
	15001 Crosswinds Drive Apt. 601 Houston TX 77032			
Purpose of exp information req Mileage reimb		Complete if direct expend Candidate / Officeholder nam		C/OH " C/OH C/OH C/OH C/OH C/OH C/OH C/OH C/OH
	,			
Date	Payee name		T	Amount
04/30/2003	Michael Moore			(\$) 2999.76
ľ	Payee address; City; State; Zip Code	•••••		2000.70
	2110 Baldwin			
	Houston TX 77033			
Purpose of experimental Purpos	enditure (See instructions regarding type of uired.)	Complete if direct expend Candidate / Officeholder name		C/OH •• Office held

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 384/430	
2 FILER NAME Mr. William			3 ACCOUNT # (Ethi C00000000	cs Commission filers)
4 Date 06/30/2003	6 Payee address; City; State; Zip Code 1910 Overbrook Missouri City TX 77459	9 Complete if direct expen	7	Amount (\$) 400.00
8 Purpose of expinformation red Signs	penditure (See instructions regarding type of quired.)	Candidate / Officeholder nar		
Date 05/08/2003	Payee name Rives Carlberg L.P. Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056			Amount (\$) 4855.55
Purpose of exp information red Fundraising e	· · · · · · · · · · · · · · · · · · ·	Complete if direct expen Candidate / Officeholder nan		
Date 03/18/2003	Payee name Deluxe Checks Payee address; City; State; Zip Code P.O. Box 1186 Lancaster CA 93534-1186			Amount (\$) 28.00
Purpose of exp information red Supplies	penditure (See instructions regarding type of quired.)	Complete if direct expend Candidate / Officeholder nam	nditure to benefit C/OH ne Office sought	
Date 04/29/2003	Payee name RM Crowe Payee address; City; State; Zip Code 5100 Westheimer Suite 231 Houston TX 77027			Amount (\$) 6000.00
Purpose of exp information red Rent	penditure (See instructions regarding type of quired.)	Complete if direct expend Candidate / Officeholder nam		

The Instruction Guide explains how to complete this form.			1 Total pages report: 385/430	
2 FILER NAME Mr. William	H. White		3 ACCOUNT# (E) C00000000	thics Commission filers)
4 Date	5 Payee name		7	Amount
05/23/2003	Federal Express			(\$) 9.80
	6 Payee address; City; State; Zip Code			0.00
	P.O. Box 1140			
	Memphis TN 38101-1140			
8 Purpose of expenditure (See instructions regarding type of information required.) Delivery Services 9 Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held				
Date	Payee name	<u> </u>		Amount
06/30/2003	The Ammerman Experience			(\$)
00/30/2003				600.00
	Payee address; City; State; Zip Code			
	4800 Sugar Grove Blvd. Suite 400			
	Stafford TX 77477			
Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to bene Candidate / Officeholder name				
Consulting				
Date	Payee name			Amount (\$)
05/23/2003	Datavox			454.65
	Payee address; City; State; Zip Code			
,	PO Box 297468			
	Houston TX 77297-7468			
Purpose of exp	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH	
Phones	·			
Date	Payee name			Amount
05/14/2003	Sprint Digital Print			(\$) 5615.47
	Payee address; City; State; Zip Code			
	10100 Clay Road			
	Suite C Houston TX 77080			
Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to bendance of the control of the co			nditure to benefit C/OH	• • Office hold
information required.) Candidate / Officeholder name Office sought Office held Signs				it Office neta
-				
				17.7

The Instruction	אס Guide explains how to complete this form.		1 Total pages rep 386/430	port:
2 FILER NAME Mr. William	H. White		3 ACCOUNT C00000000	# (Ethics Commission filers)
4 Date	5 Payee name		7	
05/23/2003	One Source Communications,Inc.			(\$) 661.76
	6 Payee address; City; State; Zip Code	••••••		
	5904 Jessamine Suite A-16			
	Houston TX 77081			
8 Purpose of exp information req Stationery	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		C/OH "" ce sought Office held
Date	Payee name			Amount
05/05/2003	Butrum & Associates			(\$) 190.74
·	Payee address; City; State; Zip Code			
	952 Echo Lane Suite 350			
	Houston TX 77024			
Purpose of exp	penditure (See instructions regarding type of puried.)	Complete if direct expe Candidate / Officeholder na		C/OH • • Office held
Reimb office				
			·	
Date	Payee name			Amount (\$)
06/30/2003	Rives Carlberg L.P.			46.99
	Payee address; City; State; Zip Code			
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056			
Purpose of exp information req Media	penditure (See instructions regarding type of puired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit (ame Office	C/OH •• le sought Office held
Date	Payee name			Amount (\$)
05/04/2003	Datavox			2435.63
	Payee address; City; State; Zip Code			
	PO Box 297468			
	Houston TX 77297-7468			
Purpose of exp information req Phones	penditure (See instructions regarding type of puired.)	Complete if direct expe Candidate / Officeholder na		C/OH • • e sought Office held
		<u> </u>		

Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 Texas Ethics Commission P.O.Box 12070 **POLITICAL EXPENDITURES** SCHEDULE F Total pages report: The Instruction Guide explains how to complete this form. 387/430 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 3 Mr. William H. White C00000000 Amount Date 5 Payee name (\$) 02/27/2003 SBC 338.32 6 Payee address; City; State; Zip Code P.O. Box 3025 Houston TX 77097-0043 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held **Phones** Date Payee name Amount (\$) 06/21/2003 Richard Lapin 56.00 Payee address; City; State; Zip Code 2000 Bagby #5401 Houston TX 77002 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ... information required.) Candidate / Officeholder name Office held Office sought Reimb candy for Juneteenth Date Payee name Amount (\$) 04/11/2003 **Butrum & Associates** 96.31 Payee address; City; State; Zip Code 952 Echo Lane Suite 350 Houston TX 77024 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held Invitations Date Payee name Amount (\$) 05/23/2003 Triet Nguyen 1200.00 Payee address; City; State; Zip Code 1415 Louisiana Suite 3000 Houston TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Office held

Contract Labor

The Instruction	ON GUIDE explains how to complete this form.	1	Total pages report: 388/430	
2 FILER NAME Mr. William		3	ACCOUNT # 0 C00000000	Ethics Commission filers)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	7	Amount
06/13/2003	Amy's Cafe			(\$) 94.01
	6 Payee address; City; State; Zip Code		•••••	0
	720 N. Post Oak Road Suite 124 Houston TX 77024		ı	
8 Purpose of exp	penditure (See instructions regarding type of	Complete if direct expendi Candidate / Officeholder name		
Volunteer Lu		Candidate / Officeriolder flame	Office so	agnt Onice held
			,	
Date	Payee name			Amount
				(\$)
06/06/2003	Hotshot			102.70
	Payee address; City; State; Zip Code			
	P.O. Box 701189			•
	Houston TX 77270-1189		'	
Purpose of exp information red Delivery Serv	· · · · ·	Complete if direct expendit Candidate / Officeholder name		
Date	Payee name			Amount
	•		,	(\$)
06/03/2003	Amy's Cafe	• • • • • • • • • • • • • • • • • • • •		63.82
	Payee address; City; State; Zip Code			
	720 N. Post Oak Road Suite 124			
	Houston TX 77024			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expendit	ure to benefit C/OI	··
information req Volunteers Lu	, ,	Candidate / Officeholder name	Office sou	ght Office held
Date	Payee name		1	Amount
	•			(\$)
05/23/2003	Hallmark Office Products			1454.99
	Payee address; City; State; Zip Code			
	5650 Guhn Road #124			
	Houston TX 77040			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expenditu		
information req Office Supplie	•	Candidate / Officeholder name	Office soug	ght Office held
•				

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 389/430	
2 FILER NAME Mr. William			3 ACCOUNT # (Ethio C00000000	s Commission filers)
4 Date 05/15/2003 8 Purpose of exinformation red	6 Payee address; City; State; Zip Code 950 Althea Drive Houston TX 77018 Deenditure (See instructions regarding type of	9 Complete if direct expe	enditure to benefit C/OH	
Consulting	1,		v	
Date 06/30/2003	Payee name Andrea Young Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004			Amount (\$) 1230.25
Purpose of exp information red Net Payroll	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sought	
Date 04/18/2003	Payee name Sis Johnson Payee address; City; State; Zip Code 2800 Post Oak Blvd Houston TX 77056-6118			Amount (\$) 270.03
Purpose of exp information red Reimb for inv		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sought	Office held
Date 06/06/2003	Payee name Susybelle Zook Payee address; City; State; Zip Code 1702 Morse Street Houston TX 77019			Amount (\$) 200.00
Purpose of exp information req Insurance rei	·	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/OH ' ime Office sought	Office held

The Instruc	TION GUIDE explains how to complete this form.	1 Total p 390/4	pages report: 430
FILER NAN Mr. Williar			OUNT # (Ethics Commission filers)
Date 03/19/2003	5 Payee name The Ammerman Experience 6 Payee address; City; State; Zip Code 4800 Sugar Grove Blvd. Suite 400 Stafford TX 77477	· · · · · · · · · · · · · · · · · · ·	7 Amount (\$) 2475.00
Purpose of ending resident of the consulting	xpenditure (See instructions regarding type of equired.)	9 Complete if direct expenditure to I Candidate / Officeholder name	benefit C/OH ** Office sought Office held
Date	Payee name		Amount
06/30/2003	Sharon Haley Payee address; City; State; Zip Code 3011 A. Peach Hollow Pearland TX 77584	· · · · · · · · · · · · · · · · · · ·	(\$) 1750.00
Purpose of ex information re Net payroll	spenditure (See instructions regarding type of equired.)	Complete if direct expenditure to b Candidate / Officeholder name	penefit C/OH •• Office sought Office held
Date	Payee name		Amount
05/22/2003	Michael Moore Payee address; City; State; Zip Code 2110 Baldwin Houston TX 77033	•••••••••••••••••••••••••••••••••••••••	(\$) 73.13
information red	penditure (See instructions regarding type of quired.) Phone reimb	Complete if direct expenditure to be Candidate / Officeholder name	enefit C/OH ** Office sought Office held
D-4-	Payee name		Amount
Date	i e		(\$)
Date 05/29/2003	Matrix Consulting Payee address; City; State; Zip Code 15255 Shapiro Springs Lane Houston TX 77095	· · · · · · · · · · · · · · · · · · ·	. 1314.00

The Instruction	אס Guide explains how to complete this form.		1 Total pages re 391/430	eport:
2 FILER NAME Mr. William	H. White		3 ACCOUNT C0000000	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
05/23/2003	Info Vine,Inc.			(\$) 147.71
	6 Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • •		
	P.O. Box 2706			
	Houston TX 77252-2706			
	penditure (See instructions regarding type of	9 Complete if direct expe		
information red May 10 Brea	յսired.) kfast invitations	Candidate / Officeholder n	ame Of	fice sought Office held
, ,				
Date	Payee name			Amount
06/13/2003	Enterprise			(\$) 304.90
	Payee address; City; State; Zip Code			
	7945 A Katy Freeway			
	Houston TX 77024-1924			
	penditure (See instructions regarding type of	Complete if direct expe		C/OH · ·
information red Vehicle renta	•	Candidate / Officeholder n	ame Off	ice sought Office held
VOITIOIOTOTICA	parado			
Date	Payee name			Amount
05/14/2003	Susybelle Zook			(\$) 200.00
00/14/2000	Payee address; City; State; Zip Code			200.00
	1702 Morse Street			
	Houston TX 77019			
Purpose of evr	penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit	C/OH
information req	uired.)	Candidate / Officeholder na		ice sought Office held
Reimb Health	n insurance			
Date	Payee name		<u> </u>	Amount
	•			(\$)
04/11/2003	Butrum & Associates			425.50
	Payee address; City; State; Zip Code			
	952 Echo Lane Suite 350			
	Houston TX 77024	Complete if the et a	nditure to be a Ci	C/OH ::
information req	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na		ce sought Office held
Postage				

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 392/430	
2 FILER NAME Mr. William	H. White		3 ACCOUNT # (Ethic C000000000	s Commission filers)
4 Date	5 Payee name		7	Amount (\$)
05/22/2003	Michael Moore			99.95
	6 Payee address; City; State; Zip Code			
	2110 Baldwin			
	Houston TX 77033			
8 Purpose of exp	penditure (See instructions regarding type of	9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH	
	mputer expense	Oblididate / Officeriolder /	omoc sought	Cindo noia
Date	Payee name			Amount (\$)
03/27/2003	Hotshot			14.95
	Payee address; City; State; Zip Code			
	P.O. Box 701189			
	Houston TX 77270-1189			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expo	enditure to benefit C/OH office sought	
Delivery Sen			-	
Date	Payee name			Amount (\$)
02/27/2003	Allright Parking			290.00
	Payee address; City; State; Zip Code			
	1415 Louisiana Box 44			
	Houston TX 77002-7326			
Purpose of exp	oenditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH * ame Office sought	Office held
Parking	,			
				·
Date	Payee name			Amount (\$)
06/26/2003	Treebeards			24.75
	Payee address; City; State; Zip Code			
	315 Travis Market Square			
	Houston TX 77002			
Purpose of exp	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH * ame Office sought	Office held
Food-6/26 ev	· · · · · · · · · · · · · · · · · · ·			

The Instructi	ION GUIDE explains how to complete this form.		1 Total pages report: 393/430
2 FILER NAMI Mr. William			3 ACCOUNT # (Ethics Commission filers) C000000000
4 Date 05/15/2003	5 Payee name Triet Nguyen 6 Payee address; City; State; Zip Code 1415 Louisiana Suite 3000		7 Amount (\$) 129.88
information red	Houston TX 77002 penditure (See instructions regarding type of quired.) penditure (see instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ** name Office sought Office held
Date 05/23/2003	Payee name Info Vine,Inc. Payee address; City; State; Zip Code P.O. Box 2706 Houston TX 77252-2706		Amount (\$) 459.67
Purpose of exp information red Fundraising I		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH •• ame Office sought Office held
Date 05/10/2003	Payee name Lanier Payee address; City; State; Zip Code 13135 Dairy Ashford Suite 300 Sugar Land TX 77478		Amount (\$) 174.28
Purpose of exp information red Copy Machin	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH " " ame Office sought Office held
Date 05/05/2003	Payee name One Source Communications,Inc. Payee address; City; State; Zip Code 5904 Jessamine Suite A-16 Houston TX 77081		Amount (\$) 81.19
	penditure (See instructions regarding type of quired.)	Complete if direct exper	nditure to benefit C/OH "" Impe Office sought Office held

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 394/430	report:
2 FILER NAME Mr. William			3 ACCOUN C000000	T# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
05/20/2003	Treebeards			(\$) 300.00
	6 Payee address; City; State; Zip Code			
	315 Travis Market Square			
	Houston TX 77002			
8 Purpose of expinformation rec Food-6/26 ev		9 Complete if direct expe Candidate / Officeholder no		fit C/OH ** Office sought Office held
Date	Payee name		·	Amount
05/05/2003	Butrum & Associates			(\$) 162.32
	Payee address; City; State; Zip Code		· · · · · · · · · · ·	102.32
	952 Echo Lane			
	Suite 350 Houston TX 77024			
Purpose of exp information red Cellular Pho	penditure (See instructions regarding type of pured.)	Complete if direct expe Candidate / Officeholder na		it C/OH •• Office held
Date	Payee name			Amount
04/04/2003	Andrea Young			(\$) 40.00
0 1/0 1/2000				40.00
	5500 Sampson St #2309			
	Houston TX 77004			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	nditure to benef	it C/OH **
information req	uired.) ent for phone expenses	Candidate / Officeholder na		ffice sought Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·		Amount
03/05/2003	Butrum & Associates			(\$) 6000.00
	Payee address; City; State; Zip Code			
	952 Echo Lane Suite 350 Houston TX 77024			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct exper		t C/OH ** fice sought Office held
Consulting	iniou.,	Canadate / Onicended Ha		onice neid
		<u> </u>		

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 395/430
2 FILER NAME Mr. William	 -		3 ACCOUNT # (Ethics Commission filers) C000000000
4 Date	5 Payee name		7 Amount
06/13/2003	Darcy Mackey		(\$) 2250.00
	3303 S. Rice Suite 210-B Houston TX 77056		
8 Purpose of expinformation rec Contract Lab		9 Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH ** name Office sought Office held
Date	Payee name		Amount
03/31/2003	Rives Carlberg L.P.	<u></u>	(\$) 258.95
	Payee address; City; State; Zip Code		
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056		
Purpose of exp information req Media	penditure (See instructions regarding type of guired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH •• name Office sought Office held
Date	Payee name		Amount
05/15/2003	Alliance Payroll Service		(\$) 46.82
	· · · · · · · · · · · · · · · · · · ·	e	70.02
	12707 North Freeway Suite 320 Houston TX 77060		
Purpose of exp information req Staff Expense	•	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ** ame Office sought Office held
Date	Payee name		Amount (\$)
05/05/2003	Butrum & Associates		9.50
	Payee address; City; State; Zip Code		
	952 Echo Lane Suite 350 Houston TX 77024		
	enditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/OH ** ame Office sought Office held
Purpose of exp information requ Delivery Servi	•	Candidate / Officeholder na	ame Office sought Office held

SCHEDULE F

(512)463-5800

			errer erre	
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 396/430	
2 FILER NAME Mr. William			3 ACCOUNT # (Ethi C00000000	es Commission filers)
4 Date	5 Payee name		7	Amount
05/30/2003	Rives Carlberg L.P.			(\$) 4811.34
	6 Payee address; City; State; Zip Code			
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056	-		
8 Purpose of expinformation red T-shirts	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH name Office sough	
Date	Payee name			Amount
06/21/2003	Hazel Mitchell			(\$) 60.48
	Payee address; City; State; Zip Code			331.13
	15001 Crosswinds Drive			
·	Apt. 601 Houston TX 77032			
information red		Complete if direct expo Candidate / Officeholder n	enditure to benefit C/OH name Office sough	
Mileage reim	D			
Date	Payee name			Amount
04/14/2003	Jolivet/Fernandez			(\$)
0-17 11/2000	Payee address; City; State; Zip Code			3812.50
	1200 Smith Street			
	16th Floor Houston TX 77002			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/OH	
Consulting	janou.)	Canadado y Cinconordo III	amo odgni	Onice train
Date	Payee name			Amount
05/01/2003	One Source Communications,Inc.			(\$) 653.17
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		
	5904 Jessamine Suite A-16			
	Houston TX 77081			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/OH *	Office held
Stationery	unou.,	Oandidate / Officeriolder fie	Cince sought	Onice field

		1/2 M/4 // Text - 11		**************************************
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 397/430	
2 FILER NAME Mr. William	H. White		3 ACCOUNT # (Ethic C00000000	cs Commission filers)
4 Date	5 Payee name		7	Amount
06/21/2003	Butrum & Associates			(\$) 28.98
	6 Payee address; City; State; Zip Code			
	952 Echo Lane Suite 350 Houston TX 77024			
8 Purpose of exp	penditure (See instructions regarding type of	Complete if direct experience Candidate / Officeholder name	enditure to benefit C/OH ame Office sough	
Computer se		Candidate / Officeriolder th	arrie Onice sough	Concenied
Date	Payee name			Amount
06/30/2003	Rives Carlberg L.P.			(\$) 97.89
	Payee address; City; State; Zip Code			
	2800 Post Oak Blvd.			
	Suite 2400 Houston TX 77056			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/OH ame Office sought	
Photos	uneu.)	Candidate / Oniceriolder no	arne Onice sough	Chice field
Date	Payee name			Amount
03/19/2003	Sprint Digital Print			(\$) 12178.00
	Payee address; City; State; Zip Code			
	10100 Clay Road Suite C			
	Houston TX 77080			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/OH	
Signs			5	·
				•
Date	Payee name			Amount
02/26/2003	Intuit			(\$) 63.59
	Payee address; City; State; Zip Code			
	P.O. Box 34328			
	Seattle WA 98124			
Purpose of exp	enditure (See instructions regarding type of uired.)	Complete if direct experience Candidate / Officeholder na	nditure to benefit C/OH *	
Envelopes,de	•			

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 398/430	report:
2 FILER NAME Mr. William			3 ACCOUN C000000	T~# (Ethics Commission filers) 00
4 Date	5 Payee name			7 Amount
05/12/2003	Jackson and Company			(\$) 1921.44
	6 Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		
	PO Box 130260			
	Houston TX 77219-0260			
8 Purpose of exp	oenditure (See instructions regarding type of nuired.)	Complete if direct expended Candidate / Officeholder n		fit C/OH "" Office sought Office held
Food: 5/12 e				·····
		į		
Date	Payee name			Amount (\$)
02/20/2003	Damian Blow			1000.00
	Payee address; City; State; Zip Code			•
	2019 S. Gessner #C-11			
	Houston TX 77063			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe		Fit C/OH •• Office held
	or: office assistance			
		I		
Date	Payee name			Amount
05/08/2003	Rives Carlberg L.P.			(\$) 932.51
	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
	2800 Post Oak Blvd. Suite 2400			
	Houston TX 77056		•	
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe		it C/OH "" ffice sought Office held
Printing		·	3.113	noo dought Onico Hold
Date	Payee name			Amount
06/02/2003	Hazel Mitchell			(\$) 60.48
	Payee address; City; State; Zip Code			
	15001 Crosswinds Drive			
	Apt. 601 Houston TX 77032			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe		t C/OH " fice sought Office held
Mileage reiml	•	Candidate / Onicendidet file	une U	ing analiti Olliga Hald

The Instruction Guide explains how to complete this form.			1 Total pages report: 399/430	
2 FILER NAMI Mr. William		3	ACCOUNT # (Ethics Commission filers) C000000000	
4 Date 04/18/2003	5 Payee name Susybelle Zook 6 Payee address; City; State; Zip Cod 1702 Morse Street Houston TX 77019		7 Amount (\$) 69.82	
Purpose of ex information red Reimb for pr		9 Complete if direct expend Candidate / Officeholder name		
Date	Payee name		Amount	
03/25/2003	ttweak Payee address; City; State; Zip Cod 4910 Main Street Houston TX 77002	e	(\$) 13375.00	
Purpose of evi	penditure (See instructions regarding type of	Complete if direct expend	liture to hanofit C/OH **	
information red Media		Candidate / Officeholder name		
Date	Payee name		Amount	
05/23/2003	Info Vine,Inc. Payee address; City; State; Zip Code P.O. Box 2706	e	(\$) 221.26	
	F.O. BOX 2700		į.	
	Houston TX 77252-2706			
Purpose of exp information red Cadillac Bar i	Houston TX 77252-2706 penditure (See instructions regarding type of quired.) invitations	Complete if direct expendi Candidate / Officeholder name		
	penditure (See instructions regarding type of quired.)		Office sought Office held Amount	
Cadillac Bar i	penditure (See instructions regarding type of quired.) invitations Payee name Rives Carlberg L.P.	Candidate / Officeholder name	Amount (\$) 15.16	
Cadillac Bar i	penditure (See instructions regarding type of quired.) invitations Payee name Rives Carlberg L.P.	Candidate / Officeholder name	Amount (\$) 15.16	